



English

Coronavirus (COVID-19): Treatments

Getting your coronavirus (COVID-19) vaccination is still the best way to protect yourself from the virus.

There are additional treatment options for selected groups of people with coronavirus who are thought to be at greater risk. These treatments need to be given soon after you get a positive coronavirus test result to be most effective.

These additional coronavirus treatments are available to the following groups of people:

- those thought to be at high risk and with a clinical condition that's been prioritised for treatment
- those taking part in a registered clinical trial of antiviral

Traditional Chinese

冠狀病毒病（2019 冠狀病毒病）：治療

接種冠狀病毒病（2019 冠狀病毒病）疫苗仍然是預防該病毒的最好方法。

對於被認為有較大風險的特定群組，還有額外的治療選擇。這些治療需要在你獲得陽性冠狀病毒檢測結果後的不久給予，才最為有效。

這些額外的冠狀病毒病治療會提供給以下人群組別：

- 被認為有高風險及患有可獲優先治療的臨床病症的人士
- 正參與已註冊針對新冠病毒的抗病毒或其他治療法臨床測試的人士

<p>and other therapies for coronavirus</p>	
<p>Direct access to coronavirus treatments for patients with clinical conditions prioritised for treatment</p> <p>Adults and children (aged 12 or over) who have all 3 of the following are eligible to be assessed for treatment:</p> <ul style="list-style-type: none"> • symptoms of coronavirus that started in the last 5 days with no signs of clinical recovery • are a member of one of the patient groups considered at high risk from coronavirus with a clinical condition prioritised for treatment • coronavirus is confirmed by either a positive lateral flow device (LFD) test or PCR test <p>Your LFD test is not complete until you report your result, either online or by phone, and receive a result confirmation notification.</p>	<p>患有可獲優先治療的臨床病症的病人可直接獲得冠狀病毒病治療</p> <p>符合以下全部 3 種情況的成年人及兒童（12 歲或以上）有資格獲得治療評估：</p> <ul style="list-style-type: none"> • 有在之前 5 天內開始的冠狀病毒病症狀，並且沒有臨床復原的跡象 • 屬於其中一個被認為感染冠狀病毒病會導致高風險的病人組別，患有可獲優先治療的臨床病症 • 冠狀病毒病已由陽性的快速側流抗原套裝（LFD）測試或 PCR 測試確定 <p>在你通過網上或電話報告檢測結果並收到結果確認通知之前，你仍未完成 LFD 測試。</p>
<p>Adults 18 years or older considered at high risk from coronavirus and to be prioritised for treatment</p> <p>The following patient groups were determined by a group of clinical experts using the best available evidence on outcomes</p>	<p>被認為感染冠狀病毒病會導致高風險及獲得優先治療的 18 歲或以上成人</p> <p>以下的病人組別是由臨床專家小組使用可提供的冠狀病毒感染結果</p>

<p>in coronavirus infection. More detailed information can be found in the published report of the independent advisory group.</p>	<p>的最佳證據所確定。在獨立諮詢小組所發表的報告內可找到更多資訊。</p>
<p>Down's syndrome and other genetic disorders</p> <p>Down's syndrome or other chromosomal disorders known to affect the immune system</p>	<p>唐氏綜合症及其他基因異常疾病</p> <p>患唐氏綜合症或其他已知會影響免疫系統的染色體異常疾病</p>
<p>Solid cancer</p> <ul style="list-style-type: none"> • metastatic or locally advanced inoperable cancer • lung cancer (at any stage) • people who have received chemotherapy, PI3K inhibitors or radiotherapy within the last 12 months • people who have had cancer resected within the last 12 months and are receiving no follow-up chemotherapy or radiotherapy (with the exception of people with basal cell carcinomas who have undergone local excision or topical treatment) 	<p>實體癌</p> <ul style="list-style-type: none"> • 轉移性或局部晚期及不能施手術的癌症 • 肺癌（在任何階段） • 在過去 12 個月內曾接受化學治療、P13K 抑制劑或放射性治療的人 • 所有在過去 12 個月內曾進行癌切除手術並且沒有接受跟進的化學治療或放射性治療的人（患基底細胞癌及已接受局部切除或局部治療者除外）
<p>Haematological (blood) diseases and stem cell transplant recipients</p> <ul style="list-style-type: none"> • sickle cell disease • allogeneic haematopoietic stem cell transplant (HSCT) recipients in the last 12 months or active graft vs host 	<p>有血液疾病的病人及幹細胞移植接受者</p> <ul style="list-style-type: none"> • 鎌狀細胞疾病 • 過去 12 個月內異體造血幹細胞移植（HSCT）的接受者，或不論曾接受移植多久而患有活躍的移植物對抗宿主疾病

disease (GVHD) regardless of time from transplant (including HSCT for non-malignant diseases)

- autologous HSCT recipients in the last 12 months (including HSCT for non-malignant diseases)
- individuals with haematological malignancies who have received chimaeric antigen receptor (CAR)-T cell therapy in the last 24 months, or radiotherapy in the last 12 months
- individuals with haematological malignancies receiving systemic anti-cancer treatment (SACT) within the last 12 months

All people who are diagnosed with:

- myeloma (excluding monoclonal gammopathy of undetermined significance (MGUS))
- AL amyloidosis
- chronic B-cell lymphoproliferative disorders (e.g. chronic lymphocytic leukaemia, follicular lymphoma)
- myelodysplastic syndrome (MDS)
- chronic myelomonocytic leukaemia (CMML)
- myelofibrosis
- people with thalassaemia or rare inherited anaemia with either severe cardiac iron overload or severe to moderate

(GVHD) (包括為非惡性疾病進行的 HSCT)

- 過去 12 個月內的自體 HSCT 接受者 (包括為非惡性疾病進行的 HSCT)
- 患血液科惡性疾病並且在過去 24 個月內曾接受嵌合抗原受體 (CAR) -T 細胞療法或在過去 12 個月內曾接受放射性治療的人
- 患血液科惡性疾病並在過去 12 個月內曾接受全身性抗癌治療 (SACT) 的人

所有被診斷為患有以下疾病的人：

- 骨髓瘤 (不包括意義不明單克隆免疫球蛋白病變 (MGUS))
- 原發性澱粉樣變性
- 慢性 B 細胞淋巴增生病變 (例如慢性淋巴細胞性白血病、濾泡性淋巴瘤)
- 骨髓增生異常綜合症 (MDS)
- 慢性髓性單球性白血病 (CMML)
- 骨髓纖維化
- 患地中海貧血或罕見的遺傳性貧血，並且有嚴重的心臟鐵過載，或嚴重至中度的鐵過載加上其他可慮的合併症 (例如糖

<p>iron overload with an additional co-morbidity of concern (for example, diabetes, chronic liver disease or severe hepatic iron load on MRI) and where agreed by the haematology consultant responsible for the management of the patient's haematological condition</p> <ul style="list-style-type: none"> • individuals with non-malignant haematological disorder (e.g. aplastic anaemia or paroxysmal nocturnal haemoglobinuria) receiving B-cell depleting systemic treatment (e.g. anti-CD20, anti thymocyte globulin [ATG] and alemtuzumab) within the last 12 months 	<p>尿病、慢性肝病，或磁力共振掃描顯示嚴重的肝臟鐵過載），及獲得負責診治患者的血液疾病的血液科顧問醫生同意的人</p> <ul style="list-style-type: none"> • 患非惡性血液疾病（例如再生不良性貧血或陣發性夜間血紅素尿症）並在過去 12 個月內曾接受 B 細胞耗竭全身性治療（例如抗CD20、抗胸腺細胞球蛋白（ATG）及 alemtuzumab）的人。
<p>Renal (kidney) disease</p> <ul style="list-style-type: none"> • renal transplant recipients (including those with failed transplants within the past 12 months), particularly those who have: <ul style="list-style-type: none"> ○ received B cell depleting therapy within the past 12 months (including alemtuzumab, rituximab [anti-CD20], anti-thymocyte globulin) ○ an additional substantial risk factor which would in isolation make them eligible for nMABs or oral antivirals ○ not been vaccinated prior to transplantation • non-transplant patients who have received a comparable level of immunosuppression • people with chronic kidney stage (CKD) 4 or 5 (an eGFR 	<p>腎病</p> <ul style="list-style-type: none"> • 腎臟移植接受者（包括在過去 12 個月內移植失敗者），特別是有以下情況的人士： <ul style="list-style-type: none"> ○ 曾在過去 12 個月內接受 B 細胞耗竭療法（包括 alemtuzumab、利妥昔單抗（rituximab，抗CD20）、抗胸腺細胞球蛋白） ○ 有額外的重大風險因素，會獨立地讓該人士有資格獲得中性單克隆抗體（nMABs）或口服抗病毒藥物 ○ 在移植前未曾接種疫苗 • 曾接受類似水平的免疫抑制的非移植病人 • 患慢性腎臟病（CKD）第 4 或 5 期（估算的腎絲球過濾率

<p>less than 30 ml/min/1.73m²) without immunosuppression</p>	<p>(eGFR) 少於 30 毫升/分鐘/1.73平方米) 而無免疫抑制的人</p>
<p>Liver disease</p> <ul style="list-style-type: none"> • people with cirrhosis Child's-Pugh class A, B or C • people with a liver transplant • people with liver disease on immune suppressive therapy (including patients with and without cirrhosis) 	<p>肝病</p> <ul style="list-style-type: none"> • 患肝硬化並且 Child's-Pugh 分級標準為 A、B 或 C 級的人 • 曾接受肝臟移植的人 • 患肝病及正接受免疫抑制療法的人 (包括有或沒有肝硬化的病人)
<p>Immune-mediated inflammatory disorders (IMID)</p> <ul style="list-style-type: none"> • people who have received a B cell depleting therapy (anti-CD20 drug for example rituximab, ocrelizumab, ofatumab, obinutuzumab) in the last 12 months • people who have been treated with cyclophosphamide (IV or oral), biologic medicines or small molecule JAK-inhibitors (except anti-CD20 depleting monoclonal antibodies) in the last 6 months • people who have been treated with corticosteroids (equivalent to greater than 10mg per day of prednisolone) in the last 28 days • people who are on current treatment with mycophenolate mofetil, oral tacrolimus, azathioprine/mercaptopurine (for major organ involvement such as kidney, liver and/or 	<p>免疫性介導的發炎性疾病 (IMID)</p> <ul style="list-style-type: none"> • 在過去 12 個月內曾接受 B 細胞耗竭療法治療 (抗 CD20 藥物, 例如以利妥昔單抗 (rituximab)、ocrelizumab、ofatumumab、obinutuzumab) 的人 • 在過去 6 個月內曾接受環磷酰胺 (cyclophosphamide, 靜脈注射或口服)、生物製劑或小分子 JAK 抑制劑 (抗 CD20 耗竭性單克隆抗體) 的人 • 在過去 28 天內曾接受皮質類固醇 (corticosteroids) (相等於或超過每天 10 毫克的潑尼松龍 (prednisolone)) 治療的人 • 目前正接受以下藥物治療的人: 霉酚酸酯 (mycophenolate mofetil)、口服的他克莫司 (tacrolimus)、硫唑嘌呤/巯嘌呤

<p>interstitial lung disease), methotrexate (for interstitial lung disease) and/or ciclosporin</p> <ul style="list-style-type: none"> people who exhibit at least one of: (a) uncontrolled or clinically active disease (that is required recent increase in dose or initiation of new immunosuppressive drug or IM steroid injection or course of oral steroids within the 3 months prior to positive PCR); and/or (b) major organ involvement such as significant kidney, liver or lung inflammation or significantly impaired renal, liver and/or lung function) 	<p>(azathioprine/mercaptopurine, 用以治療涉及如腎、肝等主要器官的疾病和/或間質性肺病)、氨甲蝶呤 (methotrexate, 用以治療間質性肺病) 和/或環孢素 (cyclosporin)</p> <ul style="list-style-type: none"> 患有最少一種以下疾病的人：(1) 不能控制或臨床活躍的疾病 (即在聚合酶連鎖反應測試呈陽性前 3 個月內, 最近需要在劑量上增加或開始使用新的免疫抑制藥物, 或接受類固醇肌肉注射, 或接受口服類固醇療程); 和/或 (2) 涉及主要器官的疾病, 例如嚴重的腎、肝或肺發炎, 或嚴重的腎、肝或肺功能受損)
<p>Immune deficiencies</p> <ul style="list-style-type: none"> common variable immunodeficiency (CVID) undefined primary antibody deficiency on immunoglobulin (or eligible for Ig) hyper-IgM syndromes Good's syndrome (thymoma plus B-cell deficiency) severe Combined Immunodeficiency (SCID) autoimmune polyglandular syndromes/autoimmune polyendocrinopathy, candidiasis, ectodermal dystrophy (APECED syndrome) primary immunodeficiency associated with impaired type 	<p>免疫缺陷</p> <ul style="list-style-type: none"> 常見變異型免疫缺陷症 (CVID) 未定義原發性抗體免疫缺陷及正接受免疫球蛋白 (或有資格獲得 Ig) 高免疫球蛋白 M 症候群 (Hyper-IgM syndromes) 古德氏症候群 (Good's syndrome, 胸腺瘤加上 B 細胞缺陷) 嚴重聯合免疫缺陷症 (SCID) 自體免疫多腺體症候群/自體免疫多發性內分泌症候群、念珠菌症、外胚層營養失調 (APECED 症候群)

<p>I interferon signalling</p> <ul style="list-style-type: none"> • x-linked agammaglobulinaemia (and other primary agammaglobulinaemias) • any person with a secondary immunodeficiency receiving or eligible for, immunoglobulin replacement therapy 	<ul style="list-style-type: none"> • 與第一型干擾素訊號傳送受損有關的原發性免疫缺陷 • X-連鎖無丙種球蛋白血症（及其他原發性無丙種球蛋白血症） • 任何患繼發性免疫缺陷及正接受或有資格獲得免疫球蛋白替代療法的人
<p>HIV/AIDS</p> <ul style="list-style-type: none"> • people with high levels of immune suppression, have uncontrolled/untreated HIV (high viral load) or present acutely with an AIDS defining diagnosis • people on treatment for HIV with CD4 <350 cells/mm³ and stable on HIV treatment or CD4>350 cells/mm³ and additional risk factors (e.g. age, diabetes, obesity, cardiovascular, liver or renal disease, homeless, those with alcohol-dependence) 	<p>人類免疫力缺乏病毒/愛滋病</p> <ul style="list-style-type: none"> • 具高水平免疫抑制、有未受控制/未治療的人類免疫力缺乏病毒（高病毒載量），或病毒急性存在及診斷定義為愛滋病的人 • 正在接受人類免疫力缺乏病毒治療，CD4 細胞指數<350 個細胞/立方毫米及接受人類免疫力缺乏病毒治療時穩定，或 CD4>350 個細胞/立方毫米而有額外的風險因素（例如：年齡，糖尿病，肥胖，心血管、肝臟或腎臟疾病，無家可歸，酒精依賴者）的人
<p>Solid organ transplant recipients</p> <p>All recipients of solid organ transplants not otherwise specified above</p>	<p>實體器官移植接受者</p> <p>所有以上未有指明的實體器官移植接受者</p>
<p>Rare neurological conditions</p>	<p>罕見神經疾病</p>

<ul style="list-style-type: none"> • multiple sclerosis • motor neurone disease • myasthenia gravis • Huntington's disease 	<ul style="list-style-type: none"> • 多發性硬化症 • 運動神經元疾病 • 重症肌無力 • 亨丁頓氏舞蹈症
<p>Young people aged 12 to 17 considered at high risk from coronavirus and to be prioritised for treatment</p> <p>Coronavirus is much less likely to progress to severe disease in people aged 12 to 17, even in those who might be viewed as at increased risk. Only those 12 to 17 year olds assessed as at exceptionally high risk will be offered an infusion of a monoclonal antibody treatment. The oral antiviral treatments are only authorised for use in adults aged over 18 years.</p> <p>The decision to treat will normally be made by a multi-disciplinary team after carefully weighing the risks and benefits. They'll take into consideration the recommendations from the independent advisory group.</p>	<p>被認為感染冠狀病毒病會導致高風險及獲得優先治療的 12 - 17 歲年輕人</p> <p>冠狀病毒在年齡是 12 至 17 歲的人中進展為嚴重疾病的機會低得多，即使在那些被視為有較高風險的人當中也一樣。只有那些被評估為異常高風險的 12 至 17 歲患者才會獲提供靜脈輸注的單克隆抗體治療。口服的抗病毒治療僅獲授權用於 18 歲以上的成人。</p> <p>給予治療的決定是由一個涉及多門學科的團隊在小心衡量風險和益處後作出。他們會考慮由獨立諮詢小組提出的建議。</p>
<p>Accessing testing</p> <p>If you have a health condition which means you may be eligible for new coronavirus treatments, you should keep a pack of</p>	<p>獲取測試</p> <p>如果你有表示你可能合資格獲得新的冠狀病毒病治療的健康問題，你應該在家中儲備一盒多個側流測試。僅在你如出現症狀時才使用</p>

<p>lateral flow tests at home. Only use them if you develop symptoms. You can order a free pack for home delivery online or by phoning 119.</p> <p>Testing is still free of charge if you have a health condition which means you may be eligible for new coronavirus treatments.</p>	<p>它們。你可以在網上免費訂一盒送到你家中，或致電 119 亦可。</p> <p>測試會繼續免費提供給有表示他們可能合資格獲得新的冠狀病毒病治療的健康問題的人。</p>
<p>Positive LFD result</p> <p>If your LFD test is positive and you're eligible for treatment you need to do 3 things:</p> <ol style="list-style-type: none">1. Contact your NHS health board on the number on this page. They'll assess your suitability for treatment.2. Phone 119 and request 2 PCR kits. Tell the call handler that you live in Scotland and are eligible for treatment. You should do this as soon as possible after your positive result. Two tests will arrive within 24 to 48 hours. You should take one of these tests as soon as it arrives and the other 5 days after your treatment begins. You cannot order these tests online.3. Follow stay at home advice.	<p>側流抗原套裝測試（LFD）結果呈陽性</p> <p>如果你的側流抗原套裝測試呈陽性，以及你符合獲得治療的資格，你需要做以下 3 項事情：</p> <ol style="list-style-type: none">1. 透過在本頁的電話聯絡你的 NHS 健康委員會。他們會評估你是否適合接受治療。2. 致電 119 要求索取兩個聚合酶連鎖反應（PCR）測試套裝。告訴接聽電話的人你在蘇格蘭居住並且符合獲。兩個測試套裝會在 24 至 48 小時內送達。你應該在收到測試套裝後立即使用其中一個進行測試，並且在你的治療開始的 5 天後使用另外一個套裝進行測試。你不能在網上訂取這些測試。3. 遵守留在家中的建議。

<p>Negative LFD result</p> <p>If your LFD test is negative, but you still have symptoms, you should take another LFD test on each of the next 2 days (3 tests in total over 3 days). If either of these tests is positive, follow the steps for a positive LFD test.</p>	<p>側流抗原套裝測試結果呈陰性</p> <p>如果你的快速側流抗原套裝測試呈陰性，但你仍然有症狀，你應該在之後的兩天內，每天都進行另一次快速側流抗原套裝測試（即在 3 天內一共測試 3 次）。如果這些測試的任何一次呈陽性，應遵從在側流抗原套裝測試獲得陽性結果時的步驟。</p>
<p>PCR tests</p> <p>There is no need to take a PCR test to start receiving treatment. However, taking a PCR test before and after you have your treatment for coronavirus helps provide extra information about any changes to the virus and how well the treatments are working.</p> <p>The first test should be taken as soon as it arrives, if possible this should be before you take the first dose of your treatment. You should not delay treatment to wait for the PCR tests to arrive or wait for the result. If it hasn't arrived when you get your treatment, just take it as soon as you can.</p> <p>Take the second test on day 5 of your treatment, whether you have finished treatment or not, and regardless of when you took the first test.</p>	<p>聚合酶連鎖反應（PCR）測試</p> <p>你不需要進行聚合酶連鎖反應測試才開始治療。然而，你在接受治療之前及之後進行聚合酶連鎖反應測試，會幫助提供有關病毒的任何轉變以及治療的能效如何等額外資訊。</p> <p>第一次測試應該在收到後測試後立即進行，並且如可能的話，應該在你服用治療藥物的第一劑前進行。你不應該為了等候聚合酶連鎖反應測試到達或等候結果而延遲接受治療。如果測試在你獲得治療藥物時仍未到達，你應該盡可能立刻服用。</p> <p>無論你是否已完成治療，及無論你是否有進行第一次測試，你應該在接受治療的 5 天後進行第二次測試。</p>
<p>Accessing treatment</p>	<p>獲得治療</p>

The table below provides a phone number for each NHS health board that you can contact if you meet the eligibility criteria. You should contact your health board where you live.

If you test positive while you're away from home (for example on holiday) in any other part of Scotland or the UK, you should still contact your home health board where you permanently live.

This is because your home health board in Scotland will have access to more information about you to support any requirements to confirm your eligibility. They'll then help you to access the closest treatment service to where you are temporarily staying.

The phone lines will be open 7 days a week including public holidays. You may reach an answering machine and be asked to leave a message as some areas are operating a call back service.

After contacting the number you'll be assessed for your suitability for treatment.

If eligible, you'll be asked about the medicines that you're currently taking. This is for safety reasons as some medicines can cause serious side effects when taken together. Please have the list of medicines that you're taking handy when you call. This includes medicines prescribed by your GP practice or hospital, medicines prescribed privately outside of the NHS, and

下表提供每一個你可以聯絡的 NHS 健康委員會的電話號碼。如果你符合資格標準，你應該聯絡你居住的地方的健康委員會。

如果你在離家居住（例如度假時）在蘇格蘭任何地區或英國確診，你仍應聯絡位於你永久住所的健康委員會。這是因為在你住所地區的健康委員會能夠獲得更多關於你的資料，以便就任何確認你是否符合資格的要求作出支援。

電話線將每星期 7 天開放，包括公眾假期在內。由於有些地區設有回電服務，你可能會被轉至留言機及被要求留下口訊。

當聯絡該電話號碼後，你會被評估是否適合接受治療。

如果你符合資格，就會被問及你目前所服用的藥物。這樣做是基於安全理由，因為有些藥物如一起服用可能會引起嚴重的副作用。當致電時，請準備好你目前所服用藥物的列表。這包括你的 GP 診所或醫院處方的藥物，在 NHS 系統以外的私家處方藥物，以及任何從藥房或店鋪購買的非處方藥物。

不要忘記把你正在服用的草藥和維他命補充劑，以及貼劑、吸入劑、栓劑、喉片、凝膠、軟膏或藥膏包括在內。

NHS 會建議那一種治療（如有）會適合你。你的臨床醫生可能會建議口服的抗病毒治療。此外，你可能須要前往醫院的日間診所接受被稱為單克隆抗體的治療。這一般是以靜脈輸注（注入靜脈）給

<p>any medicines bought from a pharmacy or shop without a prescription.</p> <p>Remember to also include herbal remedies and vitamin supplements you are taking, as well as medicines that come in patches, inhalers, suppositories, lozenges, gels, ointments, or creams.</p> <p>The NHS will advise which treatment, if any, is suitable for you. Your clinician may recommend an antiviral treatment to be taken orally. Alternatively, you might have to travel to a day clinic at a hospital to receive a treatment called a monoclonal antibody treatment. This is normally given by intravenous infusion (in your vein). You'll get instructions on where to get the treatment and how to get there and back safely.</p> <p>.</p>	<p>予。你會獲指示到哪裏接受治療和怎樣安全地往返。</p>
<p>These numbers should not be used if you're seeking urgent medical advice or have a general health query.</p> <p>NHS Ayrshire & Arran - 01563 825 610</p> <p>NHS Borders - 01896 827 015</p> <p>NHS Dumfries & Galloway - 01387 241 959</p>	<p>如果你正尋求緊急的醫療意見或有一般的保健問題則不應使用這些電話號碼。</p> <p>NHS Ayrshire & Arran - 01563 825 610</p> <p>NHS Borders - 01896 827 015</p>

<p>NHS Fife - 01592 729 799</p> <p>NHS Forth Valley - 01786 434 110</p> <p>NHS Grampian - 01224 553 555</p> <p>NHS Greater Glasgow & Clyde - 0800 121 7072</p> <p>NHS Highland - 0800 085 1558</p> <p>NHS Lanarkshire - 01355 585 145</p> <p>NHS Lothian - 0300 790 6769</p> <p>NHS Orkney - 01856 888 259</p> <p>NHS Shetland - 01595 743 393</p> <p>NHS Tayside (Open 9am-4pm: Mon-Fri and 9am-1pm: Sat-Sun) - 01382 919 477</p> <p>NHS Western Isles - 01851 601 151</p>	<p>NHS Dumfries & Galloway - 01387 241 959</p> <p>NHS Fife - 01592 729 799</p> <p>NHS Forth Valley - 01786 434 110</p> <p>NHS Grampian - 01224 553 555</p> <p>NHS Greater Glasgow & Clyde - 0800 121 7072</p> <p>NHS Highland - 0800 085 1558</p> <p>NHS Lanarkshire - 01355 585 145</p> <p>NHS Lothian - 0300 790 6769</p> <p>NHS Orkney - 01856 888 259</p> <p>NHS Shetland - 01595 743 393</p> <p>NHS Tayside (星期一至五：上午 9 時至下午四時及星期六、日： 上午 9 時至 下午 1 時) — 01382 919 477</p> <p>NHS Western Isles - 01851 601 151</p>
<p>PANORAMIC Research Study</p> <p>Coronavirus oral antiviral treatments are being evaluated through a study called PANORAMIC, run by the University of</p>	<p>PANORAMIC 研究項目</p> <p>冠狀病毒病口服抗病毒治療現時透過一項名為 PANORAMIC 的研究評估，該研究由牛津大學進行。</p>

<p>Oxford.</p> <p>People across Scotland took part in the first stage of the study which evaluated a medicine called molnupiravir. This stage of the study has now closed.</p> <p>The second stage of the study will evaluate a medicine called Paxlovid. This stage is taking place through localised study sites. This is because the health professionals recruiting participants into the study need access to medical record data to see if the medicine is suitable for individuals before they can enter the study.</p> <p>There are no study sites open yet in Scotland. Work is underway to find out how this stage of the study could be offered in Scotland in the future.</p> <p>For more information about the study, visit the PANORAMIC trial website or contact mailto:communications@nrs.org.uk</p>	<p>蘇格蘭各地的人曾參與該研究的第一階段，評估一種名為 molnupiravir 的藥物。此階段的研究現已結束。</p> <p>研究的第二階段會評估一種名為 Paxlovid 的藥物。此階段現在經由地區性研究場所進行。這是因為招募參與者加入研究的專業醫護人員需要獲取醫療紀錄資料以確定該藥物是否適合個別人士後，他們才能參與研究。</p> <p>在蘇格蘭尚未有已開放的研究場所。現時正致力探索將來怎樣可以在蘇格蘭提供此階段的研究。</p> <p>如欲獲得更多有關該研究的資料，可瀏覽 PANORAMIC 臨床試驗網站或聯絡 mailto:communications@nrs.org.uk。</p>
<p>For more information about coronavirus (COVID-19) in Traditional Chinese go to www.nhsinform.scot/translations/languages/chinese-traditional/</p>	<p>如欲獲得更多有關冠狀病毒病（2019 冠狀病毒病）的中文資訊，請瀏覽 www.nhsinform.scot/translations/languages/chinese-traditional/</p>
<p>15 July 2022</p>	<p>2022 年 7 月 15 日</p>

